

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	NONE
Suggested Group Art Unit::	NONE
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	USE OF ANTAGONIST ANTI-CD40 ANTIBODIES FOR TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA
Attorney Docket Number::	035784/311261
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	NONE
Total Drawing Sheets::	9
Small Entity::	No
Petition Included?::	No
Petition Type::	NONE
Licensed US Govt. Agency::	NO
Contract or Grant Numbers::	NONE
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Li
Family Name:: Long
Name Suffix::
City of Residence:: Emeryville
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mohammad
Family Name:: Luqman
Name Suffix::
Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Asha
Family Name:: Yabannavar
Name Suffix::
Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Isabel
Family Name:: Zaror
Name Suffix::
Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Lea
 Family Name:: Aukerman
 Name Suffix::
 Street of mailing address:: c/o Chiron Corporation, P.O. Box 8097
 City of mailing address:: Emeryville
 State or Province of mailing address:: CA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 94662-8097

Correspondence Information

Correspondence Customer Number:: 00826

Representative Information

Representative Customer Number:: 00826

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/036954	11/04/04
	Appli. claiming the benefit under 35 USC 119(e)	60/517,337	11/4/03
	Appli. claiming the benefit under 35 USC 119(e)	60/525,579	11/26/03
	Appli. claiming the benefit under 35 USC 119(e)	60/565,710	4/27/04
	Appli. claiming the benefit under 35 USC 119(e)	60/611,794	9/21/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Chiron Corporation
Street of mailing address:: 4560 Horton Street
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94608-2916

RTA01/2204693v1